

AD-603646

REPORT OF A STUDY TOUR
OF
EUROPEAN INDUSTRIAL THERAPY PROGRAMS

with Special Reference
to the
Rehabilitation of Older People

by
DOROTHY H. COONS
Division of Gerontology
The University of Michigan

Supported in part
by
Office of Manpower, Automation and Training
United States Department of Labor

Best Available Copy

4/2
L. J. C.
J. C. C.

Table of Contents

	Page
Introduction	1
United Kingdom	4
Glenside Hospital	5
Industrial Therapy Organization, Ltd.	7
Cheadle Royal Hospital	9
St. Wulston Hospital	11
Remploy, Ltd.	12
The Finsbury Employment Scheme for the Elderly	14
Sweden	15
Folkssan	17
Statens Arbetaklinik	18
Training Programs for Matrons of Old People's Homes	19
The Netherlands	21
Municipal Workshops for Mentally Retarded Men	22
Lynck Vinegar and Pickle Bottling Company	23
Provinciaal Ziekenhuis	24
Denmark	26
State Mental Hospital -- Glostrup	27
Comments	29
Roster	35

REPORT OF A STUDY TOUR OF
EUROPEAN INDUSTRIAL THERAPY PROGRAMS^{1/}

with Special Reference
to the
Rehabilitation of Older People

This is a report of a study tour undertaken for the purposes of assessing industrial therapy programs,^{2/} especially as applied to the rehabilitation of mentally ill older persons, and sheltered workshops^{2/} in the United Kingdom, Sweden, Denmark, and the Netherlands, and of determining what, if any, specialized training is available to prepare persons to work in the positions of industrial therapists. The observations were made in the fall of 1963.

The rationale for the study tour derives from the belief that, if middle-aged and older workers are to have their fair share of employment, new jobs will have to be created for which they are particularly suited. The emerging field of industrial therapy shows promise of providing precisely such opportunities. The increasing number of persons living to reach old age is requiring a great expansion in the number of long-term health-care facilities, such as chronic disease hospitals and annexes, nursing homes, mental hospitals, old age homes, group residential facilities, and other institutional arrangements. In addition to employing the usual institutional personnel, many of them are seeking to add industrial therapists to their

^{1/} This project was carried out under contract for research between the Office of Manpower, Automation and Training, U. S. Office of Labor and the University of Michigan.

^{2/} In most sites visited the term "industrial therapy" was used to describe a transitional facility leading, hopefully, to re-employment in competitive industry or, if unable to reach that level, into a permanent sheltered type of employment. "Sheltered workshop," on the other hand, referred to work centers permanently employing physically or mentally handicapped persons whose limitations prevented their competing in the open labor market. Rehabilitation in the sense of preparing them for competitive employment was not considered a feasible objective in the sheltered workshop. This distinction was not always as clear cut as the definitions would imply. A few places actually operated both industrial therapy and sheltered workshop programs.

staffs. Recent exploratory efforts in Europe and in the United States have made it abundantly clear that (1) purely custodial care ordinarily provided old people in long-term facilities is likely to result in further impairment and prolongation of illness and (2) engagement in paid-work activities has a beneficial effect on health and assists in retraining workers for employment after discharge from the institution. There cannot, however, be much expansion in the number of facilities able to provide this type of program until a cadre of personnel is trained for supervisory and technical occupations in industrial therapy. Experience has shown that the middle-aged individual is especially effective as an industrial therapist for older persons.

To develop this corps of trained personnel, educational institutions must offer training in industrial therapy especially designed to prepare middle-aged workers in this skill. The Division of Gerontology of The University of Michigan is now in the process of developing plans to train middle-aged men and women in industrial milieu therapy using as one of its teaching laboratories the industrial therapy program and sheltered workshop it operates at the Ypsilanti State Hospital as part of a research project in the rehabilitation of mentally-ill geriatric patients. Although formal training programs to prepare industrial therapists and managers of workshops do not seem to have developed in any of the European countries visited, the observations made during the study tour are proving to be helpful in the construction and refinement of the curriculum for the projected training program.^{3/}

In general, the study tour made it possible to observe the operation of industrial therapy programs in various settings, to obtain evaluations by the personnel responsible for them, and, particularly, to seek information about the training -- usually on-the-job -- given to industrial therapists which might be useful in the

^{3/} Currently there are no training programs in the United States to prepare persons to work as industrial therapists although grants were recently made by the Vocational Rehabilitation Administration to two universities for the purpose of developing plans for a curriculum.

development of training programs in the United States. Many visits were made and interviews were obtained with responsible, key individuals.^{4/} Not all of the contacts were equally productive, of course, but each yielded something of value. The visits within each of the four countries are described. Other places were visited in addition to those discussed in this report, but because they did not afford material relative to the specific objectives of the study they have not been included here. The report concludes with a summary of observations and comments.

^{4/} A roster of places and individuals visited is given at the end of the report.

UNITED KINGDOM

Since World War II, the United Kingdom has made rapid strides in its development of rehabilitation services for the handicapped. In 1944 the Disabled Persons (Employment) Act was enacted to provide vocational training for disabled persons over 16 years of age. The Act, administered by the Ministry of Labor and National Service, authorized the establishment of Industrial Rehabilitation Units throughout the United Kingdom to recondition disabled people and to give vocational counseling and training. The objective whenever possible has been to place the disabled persons in regular industry, and a national law requires that three percent of the workers in establishments with 20 or more employees must be handicapped persons. For those unable to compete in the normal labor market, sheltered employment has been provided by voluntary groups and local authorities and through government subsidized factories under the name of Remploy, Ltd. There has been some experimentation in providing work to disabled people at home.

A more recent development in the field of rehabilitation has been the establishment of industrial therapy units within mental hospitals. A 1961 survey of 191 of the 217 mental hospitals in England and Wales reported that 86 had industrial therapy units and that 27 more were proposing to initiate the program. There appeared to be a relationship between the size of the hospitals and their provision for industrial therapy. Of the hospitals already operating such units, the average size of the hospital population was 1024; of those planning them for the near future, the average was 852; and those with no such plans averaged 567 patients.

A film entitled "Need to Work," recently made in England and now distributed through Smith, Kline, and French in the United States, states eloquently the new philosophy which has developed in Great Britain with regard to the treatment of the mentally ill through paid work. The first half of the film has its setting in

Cheadle Royal Hospital and is narrated by its director, Dr. W. V. Wadsworth. In the second half, the treatment at Glenside Hospital is discussed by its director, Dr. Donal P. Early. The producers of the film have most effectively captured the flavor of the vigorous and dynamic therapeutic programs of the 2 hospitals which represent, in the opinions of many British, the best of their kind among the hospitals in England. The 2 hospitals are described below.

Glenside Hospital - Bristol

Glenside Hospital, located within the city limits of Bristol, is a mental institution with a capacity of 1,200 beds used for the chronic psychiatric patients of the Bristol area. It is supported by public funds and is housed in old institutional-style buildings. Treatment and results over the years followed the accepted pattern. Following the introduction of industrial therapy in 1958, however, marked changes took place in many patients, according to Dr. Early.

Industrial therapy was started on a very small scale with 14 patients assembling ball point pens. The group was supervised by Mr. L. C. Walker, a former ward attendant who had worked for a number of years almost entirely with severely disturbed male patients. Within a very short period of time it was evident, in the words of Mr. Walker, that "this was a real breakthrough in the treatment of the mentally ill." Since then, the workshop has been expanded to other areas of the hospital until now -- 5 years later -- almost every available space not used for eating and sleeping has been converted to workshop use. In describing the effects of industrial therapy upon discharge, Dr. Early stated, "The discharge rate for those in hospital over 1 year was static from 1952 to 1954, appreciably increased in 1955 on the introduction of chlorpromazine therapy, and fell to pre-chlorpromazine level in 1957. In 1958 the introduction of industrial therapy coincided with the highest ever discharge rate, and this returned to 'chlorpromazine level' in 1959, but went to it's highest level yet in 1960."

employment, if able. The hospital has recently adopted the policy of hiring on its own staff qualified patients who have been discharged.

Industrial Therapy Organization, Ltd. (I.T.O.) - Bristol

As patients in industrial therapy at Glenside Hospital became able to move on to more difficult work, to require less supervision, and to work a longer work week, a committee of citizens and the staff of Glenside went about forming what they considered to be the next step toward maximum rehabilitation -- Industrial Therapy Organization, Ltd.

I.T.O. is described as a "non-profit making company ... formed to administer a scheme designed to offer medically and industrially supervised employee training under conditions approximating as nearly as possible ordinary factory conditions, as a second stage toward complete industrial rehabilitation."

An old, disused schoolhouse became the factory site and participating firms helped put it in working order, rewiring it and replacing the antiquated furnace, among other things. Patients work a 40-hour week and punch a time clock as part of their training for work in open industry. They are paid by the hour but the rate of pay varies with the job. They have opportunity to advance from simple to more difficult and higher paying jobs as they show improvement, and, according to the manager, there is a great deal of competition for the better jobs. This, the staff feels, is not unlike the situation that will face them when they move on to regular employment.

Supervisors stress that I.T.O. is not functioning as a sheltered workshop for permanent employment. It is specifically a training organization with employment in open industry the real objective.

In 1960 when I.T.O. was started, 20 patients with good work records at Glenside Hospital became its first employees. At the present time there is work for 150 persons and patients are being referred by consulting psychiatrists and by medical

officers from the community or other hospitals in the area. Consideration has been given to accepting mentally retarded persons, but it was decided to postpone this until all chronic psychiatric patients of the area had been assessed.

A brief description of some of the work and some of the experiments will illustrate the imaginative leadership that has gone into the development of the whole Bristol plan.

Many of the jobs at I.T.O. are like those found at Clenside Hospital mentioned above and in other industrial therapy settings, but one is impressed with the volume handled and with the obvious interest and efficiency of patient employees. One more difficult job requiring the most skilled workers is the manufacture of a bagpipe bottle stopper for scotch whiskey for a liquor company in the area.

Next to the factory is a small shell of a building, open on both ends. It is just large enough for a car to sit inside with room for men to work around it. By installing a steam pressure hose, they have established a thriving car wash business. It is so successful, in fact, that the men are searching for a site to open a combined car wash and gasoline station.

One group of men called the "heavy gang" is able to work with cement. They have laid a factory floor and are looking for other work of this type.

Teams of patients, most of whom are unable to qualify for open industry, are being sent into factories, i.e., the Hygienic Straw Company and the Imperial Tobacco Company, in sheltered employment situations.

I.T.O. was able to get underway through the generous contributions of industry, unions, and interested citizens, but it is hoped that it will in time become self-supporting. Companies contracting for work pay the full labor costs plus a 33 1/3 per cent overhead. Branches of I.T.O. have opened at Wirral, Thames, Epsom, and Downshire. The staff at I.T.O. consists of a works manager, five general supervisors who are in charge of the industrial aspects of the factory, and a secretary. The

psychiatrists at Glenside Hospital also serve I.T.O., and part of the nursing staff accompany patients from the hospital to I.T.O. where they work as industrial therapy aides.

The staff has developed a philosophy with regard to the treatment of mental patients. They are convinced that industrial therapy has succeeded in many instances where all other kinds of treatment have failed. They are also convinced that long periods of hospitalization serve only to institutionalize, not cure, mental patients. The dynamic approach of the staff is most apparent, however, when they discuss the need for constant experimentation. That they have followed this principle is evidenced by the changes that have been brought about in the short period since the first industrial therapy efforts were begun at Glenside Hospital in 1958.

Cheadle Royal Hospital - Cheadle, Cheshire, England

Cheadle Royal Hospital differs in many ways from Glenside Hospital with which it shares equal billing in the film "Need to Work." Cheadle Royal is a private hospital supported by The Muffield Foundation. It operates on a generous budget and is housed in attractive, well-furnished quarters. In addition to the usual hospital facilities, hostels are provided within the grounds to house patients who require little or no supervision. Patients at Cheadle Royal are, on the average, from a higher educational and economic stratum than those treated at Glenside. A plan is now in the developmental stage to build, within the large hospital grounds, 1,100 family units so attractive that they will draw families from the community who are seeking housing. This will be a further step based on the philosophy that the mentally ill should be integrated with normal society - a philosophy expressed both at Glenside and at Cheadle Royal. In fact, in this instance, it will be integrating the normal community into that of the mentally ill.

The industrial therapy unit, opened at Cheadle Royal Hospital in 1956, was designed, first, to rehabilitate some patients for re-entry into the community, and

second, to provide sheltered employment within the hospital for patients with poor prognosis. In evaluating the previous work patterns of hospitalized patients, Dr. Wadsworth, the director, states, "The 'work' of mental hospitals tended to be of two types, i.e., either hospital utilities (gardening, washing, cleaning, etc.) or occupational therapy. No doubt many patients have benefited from both forms, but they share the same disadvantages, i.e., they confer no prestige or responsibility so far as the community at large is concerned. They connote sickness rather than normal functioning, and they do not form an adequate preparation for resettlement in an industrial community."

During the first 2 years after industrial therapy had been started at Cheadle Royal, patients were paid to do contract work for industry. At the beginning of the third year of operation, however, a decision was made to dispense with contract work and to make the unit a self-contained manufacturing business. The staff considered the problems to be faced in making such a change, e.g., the difficulty of selecting the right items that could be produced within the limitations of the patients and the need for additional staff to handle such tasks as bookkeeping, inspection, selling, shipping and designing. It was decided, however, that the advantages far outweighed the disadvantages. In selecting their own products they could provide more variety in the work. It was felt, also, that the greater income from the sale of manufactured items would more than support the additional staff. There would be less vulnerability also, to the fluctuating market and seasonal demands characteristic of contract jobs.

The unit now manufactures paper party hats in a wide range of colors and designs. This production breaks down into a variety of steps from simple repetitive tasks to complex skilled operations and the patients are paid accordingly. The hats are colorful and gay and the patients work entirely with new, clean material.

The industrial therapy unit is operated by a staff ranging from ward nurses to industrially experienced floor supervisors. The ward nurse often has a small group

- 1 -

(commonly referred to as a "family") of 6 or 8 disturbed patients. She has responsibility for getting them up and dressed and fed, and for assisting them with the simplest types of work in the workshop. When a patient improves, he is moved to the jurisdiction of the floor supervisor who trains him to do more complex work in a less sheltered situation. Workshop supervisors are given 6 months on-the-job training in which they are taught such things as breaking down jobs, calculating production costs and determining the most efficient production methods.

During the past 2 or 3 years, Dr. Wadsworth and his staff have been making studies of the effects of work on schizophrenics. One investigation deals with the employability of chronic schizophrenics; a second is a comparative study of chronic schizophrenics and normal subjects on a work task involving sequential operations; a third compares the fatigability of a group of chronic schizophrenics and a group of hospitalized non-psychotic depressives. Among the conclusions drawn from the studies were that the 12 patients tested in the first study were 34 percent as productive as normal workers after 80 hours of experience; that those tested in the second group showed significant decrements in accuracy but not in speed of work when given longer sequential operations to do; that schizophrenics tested maintained a steady level of performance throughout a day's work with no evidence of abnormal fatigue.

St. Wulston Hospital - Malvern, England

An industrial therapy workshop has been in operation at the St. Wulston Mental Hospital at Malvern since early 1962. The workshop is supervised by members of the nursing staff who have been selected because of interest and because of previous experience in industrial settings. When new personnel are hired for the workshop, they spend several weeks getting acquainted with patients and learning the techniques involved in teaching and in breaking down jobs to fit the capacities of the patients. No formalized training is given.

The workshop has contracts with industry for assembly, inspection, and packaging jobs. In addition patients manufacture metal coat hangers, tea towels, and concrete products. It was felt that, until the workshop was well established the manufacturing jobs might be needed to insure constant employment.

Reports on the workshop are favorable. At the present time, approximately 60 patients are paid employees (all are under 55 and have been hospitalized for over 2 years); some have already been placed in open industry. Here, as in other mental hospitals in the United Kingdom where industrial workshops are in operation, the staff is enthusiastic about the therapeutic effects of this type of work.

Remploy, Ltd.

In contrast to Industrial Therapy Organization, Remploy factories are designed not as rehabilitation or training centers but as sheltered workshops. Remploy was established in 1945 under the Disabled Persons (Employment) Act, 1944, to provide productive employment for persons who were too disabled to find work in the competitive market. Employees live at home and commute to the factories daily as they would under normal working conditions.

There are now 90 factories spread throughout England, Scotland, and Wales handling such diverse work as the manufacture of furniture, luggage, orthopedic footwear and appliances, cardboard boxes and cartons, electrical appliances, brushes, women's knitwear, car fascia panels, oil seals, candlewick bedspreads, metal windows, gloves, incinerators, mattresses; the rebuilding of hydraulic pit props for the coal mining industry; and printing and bookbinding.

Remploy is divided into trade groups for production purposes, and factory sites have been selected as much as possible on the basis of market, trade skills, employee disabilities, and availability of materials and equipment. Products for manufacture are widely diversified so that no one trade or industry feels serious competition.

Several Remploy factories operate on a sponsorship scheme. Under this arrangement Remploy actually becomes a subsidiary factory for an independent, private firm. Remploy provides the factory space, the labor and management forces, and some additional services, while the company supplies the necessary machinery, equipment and supplies, technical skills, and a guarantee of sales of the product.

Approximately 6,500 people are employed in Remploy's 90 factories. Most of them are physically disabled although a few are hired because they have been mentally ill or are mentally retarded and a very few because they are in their middle or late sixties and cannot be employed elsewhere. With the rate of pay used in open industry as a base line, employees in Remploy receive wages commensurate with their ability to produce. In order to have an adequate living income, many employees must receive government subsidies in addition to their wages. In spite of the fact that Remploy has not been designed for the purpose of rehabilitation, approximately 200 employees leave each year to go into regular industry. Some of the Remploy factories hire a few fit people as needed to fill jobs for which they have been unable to find qualified disabled persons, but their number never exceeds 15 percent of the total employees.

Remploy has no formalized staff training. Most factory managers are selected on the basis of their qualifications in industry, not because of skills in working with disabled people. As one Remploy officer put it, "It becomes a trial and error situation for a new manager. Either he climbs walls and gets out, or he adapts." However, at present a few persons are being trained to move into management. Each person spends time in the head office in London, and is then sent around to various factories to work and learn on the job.

The government covers all deficits accrued by Remploy. Despite the fact that sales increase yearly, no one anticipates that Remploy will ever become self-supporting. Almost all of the policies upon which its production is based make for an expensive operation. The diversity of products prevents efficient and economic purchase of

materials; the widespread siting of the factories to accommodate the disabled makes transport costs high; the physical and emotional disabilities of the employees often raise production costs because they are not able to produce at a consistent level; a rate of 15 percent absenteeism (higher in bad weather) boosts costs and makes continuity of production difficult.

But the alternative to Remploy would be a large number of disabled men and women isolated at home and on national charity. If this were the situation the people would have no contributory role in society and the country would lose a bloc of 6,500 productive persons in an economy which needs every available worker. Public support of this number of people as charity cases would be much more expensive than subsidizing Remploy factories. Through employment, the disabled persons are able to have a higher standard of living than charity would provide, and they thereby return more to the economy as consumers.

The Finsbury Employment Scheme for the Elderly - London

The Finsbury Employment Scheme for the Elderly was started in 1951 by Dr. C.O.S. Blyth Brooke, Medical Officer of Health of Finsbury, a poor district of London. The scheme was designed to give sheltered employment to the elderly who were too old to find work in open industry. This was the first application of the Remploy principle to the older age group. The idea presented itself to Dr. Brooke when he saw, day after day, the same elderly people waiting in line outside his health clinic to see him. He brought them to maximum health and they still appeared. He concluded that they were lonely and had nowhere else to go. He felt that employment would give them opportunity to perform useful service to the community, would serve as a means of preserving mental and physical health, and at the same time would offer opportunities for daily companionship.

The plan was to provide a workshop where elderly people in the community could come daily to work and earn. The workshop was started in the Finsbury Health Centre

and has moved from one spot to another as larger accommodations were needed. It is now housed in a pleasant prefabricated building in Gloucester Way which became available through the generous donations of interested persons and trusts.

The working hours are 9:45 to 11:45 A.M. and 1:45 to 3:45 P.M., Monday through Friday. The rate of pay is 10s a week.

The work is largely contract work for nearby companies. The workers assemble elements for electric irons, weigh and package animal wool, assemble skip ropes, ball point pens, and eye droppers, address envelopes, and package glasses; and they make some craft items for sale such as aprons, covered coat hangers, and nightgowns.

The workshop is now employing 120 persons. Many of these elderly people have been referred by visiting nurses and doctors who felt that work and daily contact with other people would improve both the physical and mental health of their patients. The scheme gives additional security to their employees, too. If elderly people are missing from work and have not notified the organizer, the health centre is called and a social worker visits them immediately to find out if they are ill.

The scheme has also developed the use of "SOS" cards for older people who become ill. The public has been made aware of their use through news stories, radio and television. An elderly person living alone and in need of help can place an "SOS" card in the window. When a passerby sees the card he is alerted to call the health centre which immediately dispatches help.

Despite the fact that the centre employees are quite elderly the rate of absenteeism because of sickness has been very low, and attendance has been maintained even through the most adverse weather conditions. Confident of the many values of the scheme the management committee has opened a branch workshop at Priory Green Housing Estate and plans to open units elsewhere to serve the elderly in other sections of London. They also expect to develop a homebound work program if financial support can be ascertained for the needed additional staff.

SWEDEN

Sweden has long been a leader in social programs designed to provide maximum security and happiness for its people. This traditional approach, plus the fact that there is a serious labor shortage, may partially explain the success Swedish leaders have had in developing their rehabilitation programs. "Occupational welfare" is the term applied to all services which are devoted to restoring disabled people to normal lives and the scope of these services is extensive. Included are treatment for physical ailments or disabilities, development of adaptive equipment, vocational counseling, job retraining, job placement, sheltered or semi-sheltered employment, arrangements for self-employment through subsidization of small businesses or home employment, and specially designed housing.

At the present time there are over 400 units in Stockholm alone in which handicapped persons are either retrained for work or employed in sheltered or semi-sheltered situations. A long-range plan for this city calls for an expansion of this network of facilities to 700 units - 300 for counseling and retraining and 400 for sheltered employment.

The sheltered workshops are designed to make use of the varying levels of skill of the disabled. "Home centers" and "time-work" workshops employ persons who must carry a reduced work load and are not retrainable for the open market. In the former the work consists entirely of producing handcraft items sold through a wholesale dealer to stores throughout the country. In the "time-work" workshops, contract jobs are handled for industrial concerns.

A number of companies, such as A/B Carex, a subsidiary of the Electrolux Company in Stockholm, have cooperated by establishing semi-sheltered workshops as a part of their factories. Other businesses and industries have installed adaptive equipment so that they can hire the handicapped directly into open employment. The Marabou

Chocolate Company and Folksam, an insurance company, are examples of businesses following a vigorous "hire-the-handicapped" employment policy.

Sweden, like other countries, has experimented with home work projects. Home work is useful to those who are unable to get to a workshop but, thus far, the difficulties of administration and other drawbacks have been difficult or impossible to surmount. A much larger staff is needed to handle physical arrangements for home-bound people scattered throughout a community than would be required to operate a workshop. Materials must be delivered and the completed products picked up. It is difficult to maintain standards of production, and there are often problems with regard to equitable pay. One of the most negative aspects of the homebound work program, however, is that it is not able to provide the isolated individual with contacts and companionship.

The training course for matrons of old age homes given under the auspices of the Swedish Social Welfare Association is unique. It has the only curriculum found in any of the countries designed to train persons to work specifically with the aged.

Folksam - Stockholm

Folksam is a cooperative insurance company whose parent organizations are other cooperatives and Swedish trade unions. Since it is a non-profit organization, all surplus earnings are used in ways beneficial to policy holders. It insures for life, fire, etc., but the fact that over 2 million of its clients are insured for disability or accident places Folksam in a strategic position to take leadership in the field of rehabilitation.

The members of the rehabilitation department of the company maintain contact with the disabled person to make certain that he takes advantage of all rehabilitative services available to him in the community, and continues to work with him until it is felt that he has reached maximum rehabilitation. Disabled women are given

instruction on an individual basis in the Training Home for Handicapped Housewives established by local authorities. The purpose of this instruction is to find the equipment and techniques best suited for each trainee. The department then assists in adapting the home to fit the client's needs. Through the vocational retraining units, similar assistance is given disabled men who are not able to return to former jobs.

The company's services extend in many directions. Currently, Folksam is carrying on an industrial accident prevention campaign throughout Sweden. For several years, it has been urging architects and builders to plan flats that will have the features needed by the handicapped. The company feels that this carries over into the provision of housing with higher standards for normal people.

The company also sponsors a walking center at the University of Uppsala where amputees are fitted with artificial legs and trained to walk.

Because Folksam employs many handicapped persons, special features were incorporated into its new 28-story building to accommodate them. It is possible for people in wheelchairs to enter the ground floor directly from the street and all door and elevators are of adequate widths. Rest rooms are especially designed for the use of handicapped persons and certain areas have been fitted with handrails. These adaptations were of interest because of the movement now under way in the United States to build specially designed housing for disabled people.

Statens Arbetsklinik - Stockholm

Statens Arbetsklinik on Karolinska Vägen in Stockholm is one of the many work clinics which have been established in Sweden to train or retrain disabled persons for employment. Patients are referred to the clinics by the offices of National Labor Board who often receive their referrals from hospitals. The clinic has a staff consisting of director, psychiatrist, neurologist, orthopedist, and five teachers.

Statens Arbetsklirik is able to train 25 patients at a time, and, since there is always a long waiting list of applicants, selection is made on the basis of need and time of application. Even though they are seen regularly by the clinic medical staff during the training period, all patients are expected to have their own physician and to be on any needed medication at the time of admission.

Starting with the simplest jobs, a patient is moved to more difficult and complex work as his skill improves. Effort is made to determine the kind of work for which each patient is best suited. When a decision has been reached, he is referred to an employment counselor who then places him in industry or in a sheltered situation. If a person is considered unemployable, he is placed on pension. Because of the worker shortage, there are always jobs available, even for those with limited skills.

Training Programs for Matrons of Old People's Homes - Stockholm

One of the objectives of the study tour was to examine methods and curriculum content used in training personnel for work in industrial therapy and sheltered workshop settings in Europe. After a number of interviews and site visits it became obvious that all training for this work was done on the job. With this dearth of formalized training programs, it was especially interesting to learn first hand about the Swedish Training Programs for Matrons of Old People's Homes. To meet the growing demands for trained personnel to staff homes for the aged, the Swedish Social Welfare Association has for a number of years given instruction to women to fill these positions. The 3-year curriculum, provides excellent preparation and background for its trainees. Even though this program is not designed for industrial therapists, there are many aspects of its rich curriculum which will be useful in considering background courses needed to prepare persons to work with the elderly in industrial therapy settings.

The school in Stockholm accepts 70 women each year, admitting 35 during the fall term and 35 in the spring. It has a staff of 4 full-time persons, and specialists are hired to give a number of lectures in specific fields. In order to train more people and also in order to serve more easily persons in other parts of the country, plans are being discussed with regard to opening a school in a northern city.

There is no tuition fee charged, and during the field work, pupils are given board and room plus a stipend. Government scholarships are also available during the first year. Students are expected to pay for books, board, and lodging during the second and third years but scholarships are also granted if needed.

The 3-year curriculum is divided into periods of practical and theoretical training as follows: (The length of the periods in each case is only approximate since the curriculum is changed from time to time.)

- (1) Probationary period in an old age home (3 months)
- (2) Theoretical course-I (2 months)
- (3) Practical training in an old age home (9 months)
- (4) Practical training in a general hospital (12 months)
- (5) Practical training in a mental hospital (2 months)
- (6) Theoretical course-II (2 months)
- (7) Attendance at several old age homes (4 months)
- (8) Theoretical course-III (2 months)

The formal curriculum includes subject matter in anatomy, physiology, techniques of nursing, personal hygiene, psychology, psychiatry and mental hygiene, social and public health legislation, furnishing and maintenance problems, gardening, occupational therapy and diversional activities, singing, religious services, administration of staff, nutrition, language, bookkeeping, and community cooperation.

Job placement is handled through the Swedish Social Welfare Association, and since the demand is in excess of the supply there has been no problem in finding

suitable employment when the women have completed their training. The rate of pay is commensurate with that of trained nurses in Sweden.

THE NETHERLANDS

In The Netherlands, as in many countries, mental and physical health of the population is cared for through both private and government agencies. But to the visitor, The Netherlands system seems much more complex than most. The private agencies even in small communities are denominational with part of the population covered by Protestant effort (called Orange-Green Cross), part by Roman Catholic (called White-Yellow Cross), and part by non-denominational effort (called Green Cross). Even though health activities are handled through this somewhat loosely connected group of agencies, clear-cut policies have emerged in the treatment of the mentally ill and the mentally retarded. Emphasis is now away from institutional care and toward work with the family and patient at home and with the community. Prevention and after care are stressed, and the trend is toward intensive treatment and short stays in mental hospitals. Large cities have psychiatric first-aid service available to persons who are acutely ill. A team composed of a psychiatrist and a psychiatric social worker is available day or night to make house calls on those in need of help. It is the feeling that there are many advantages in this type of care. The patient may not have to face the trauma of leaving his home; the psychiatrist is able to observe environmental factors that may have induced the illness and, when necessary, he can work with other members of the household. It is often possible for the patient to continue on his job and be treated on an out-patient basis. The Netherlands can now boast of having around 80 percent of the mental patients hospitalized on a voluntary basis rather than through legal commitment.

Intensive treatment in mental hospitals includes, in increasing amounts, psychotherapy, application of drugs, and activity therapy. Occupational recreation

and creative therapy are used, and many mental hospitals are introducing industrial therapy as an effective tool in preparing the patient to return to society.

Sheltered workshops number 184 in The Netherlands with approximately 16,500 workers. Some mental patients not ready for open industry are given jobs in workshops when they are discharged from the hospital, but there are many more employed who are physically handicapped. Sixteen of the workshops have been set up almost exclusively for the mentally retarded.

As in many other countries, facilities for the aged are, nevertheless, far from adequate. It is felt that many who are in mental hospitals do not belong there. Community services such as counselling centers, home-help services, day centers, meals-on-wheels, and day hospitals have become available to the elderly in the larger cities, but they do not extend to the aged in rural areas.

Municipal Workshops for Mentally Retarded Men - Amsterdam

The municipal sheltered workshops found in most of the large cities of The Netherlands are operated under government subsidy. The workshops for the mentally retarded visited in Amsterdam are housed in large old buildings converted to serve as factories. They are managed by men without special training but who have had some experience in industry.

Workshop employees, if able, work a 5-day week, and in most cases they are paid on a piece-work basis. They are assigned to jobs according to their abilities and advance to more difficult tasks if their skills increase. Most of the men observed worked rapidly and efficiently even though some of the jobs were quite complex and required considerable hand skill. Much of the work requires the use of heavy power equipment which is furnished by the companies with whom the workshops have contracts. Metal cutting and shaping, manufacturing hair curlers and several types of brushes, assembling bicycle wheels, electrical connections, and shower hose, packaging materials, and making boxes are examples of jobs being done.

The retarded men live at home and commute daily. A canteen in each building provides noon day lunches and coffee during morning and afternoon breaks.

The Dutch are proud of their municipal sheltered workshops and convinced of their worth to the country and to those employed. Some of the stated values are: (1) the workshops help keep municipal expenditures down since many of the employees would be in institutions without this sheltered employment; (2) regular daily employment permits disturbed or retarded persons to live at home with a minimum of strain on the family; (3) income from employment permits employed persons to provide some support, though minimal, to the family; (4) sheltered workshops permit the mentally or physically handicapped to be employed in situations in which they are competing at their own level; (5) workshop employment gives the retarded a useful role in society.

Lynch Vinegar and Pickle Bottling Company - Amsterdam

An interesting experiment in semi-sheltered employment was seen at a vinegar and pickle bottling company in Amsterdam.

The building in which the bottling works is housed contains a room for bottle salvaging, rooms with vats for the preparation of food, and large areas with moving belts where the bottling, capping, and labeling are done.

A group of mentally retarded men supervised by a regular employee handles the work of removing the caps and emptying the contents from quantities of used bottles and then rinsing and placing them on a moving assembly line belt. The washing and sterilizing are done in another area. The pay is commensurate with the rate prevailing in sheltered workshops.

When one sees this experiment for the first time, a number of questions come to mind. What has been the attitude of the normal employees toward the retarded group? What are the advantages of the semi-sheltered over sheltered employment for

the retarded as compared to the mentally ill who may have the potential for eventual placement in open industry? Have the retarded men expressed any resentment against the salvage job which is at best unappetizing? Or does employment in a factory carry more prestige than working in a sheltered workshop, thus compensating for this type of work?

It is the feeling of those in charge of employment of the mentally retarded that this has been a successful experiment. It has provided work for 15 or 20 men who might not otherwise be employed, and the job itself is one that would not be practical to move to a sheltered workshop. It is felt that the idea has been accepted by the normal employees, and that this is in line with the policy that the public must be educated to the point of view that the retarded can and should become contributing members of society.

Provinciaal Ziekenhuis - Santpoort

The mental hospital, Provinciaal Ziekenhuis, is in the small village of Santpoort not far from Amsterdam. The hospital has the usual institutional appearance with its large brick buildings, which house patients and the administrative offices. A number of small one-story buildings nearby provide space for the hospital's many craft activities.

The hospital staff subscribes to the principles that patients should be given intensive treatment, that effort should be made to keep them in touch with the community, and that the length of hospital stay should be at a minimum. The hospital has a bed capacity of 1,300, and the staff reports that the discharge rate is now between 300 and 400 patients a year. From 20 to 30 patients live in the hospital and work in the community.

All patients entering the hospital are given work to do with their hands. Many are assigned to household and maintenance jobs. Throughout the grounds, teams of men

are seen cultivating the gardens and caring for the lawn. Craft activities, which are used extensively as therapy, are largely under the supervision of former nursing attendants or lay people with craft skills who became interested in this type of work. Each craft has its own area or building and instructor and seems to be a somewhat autonomous operation. The handcrafts are sold through a small store on the grounds which is open to the public 2 days a week.

Industrial work is used part of the time as a supplement to the craft activities, but it is not considered to be particularly important. One psychiatrist expressed what seemed to be the general point of view that as long as the patients had work to do with their hands, it did not make any difference whether they did industrial work, crafts, or maintenance work. The lack of enthusiasm for work from industry may partially have been a result of the difficulty the hospital had faced in the past in getting jobs and in maintaining company standards.

All patients receive pocket money each week of not more than 3 guilders with the rate of pay depending not only upon the work done but also upon social conduct. It is interesting to note that most of the money comes from contributions from the community.

At the time of the visit a small group of ten or twelve men were working on jobs from industry. The jobs were very simple ones of packaging soap and tying strings on labels. These men, most of them schizophrenics and representing a wide range in age, had been selected to work and live together because they were all highly intelligent. They were neatly groomed and all wore ties and coats. Because the group had been together for only a short time, the psychiatrist working with them felt it was too soon to draw any conclusions about whether association with others of similar intelligence would have any effect on the speed of their resocialization.

At Provinciaal Ziekhuis, the staff seem to place an unusual amount of emphasis upon work with the hands. There is an atmosphere of vigor and few patients are seen sitting withdrawn or idle.

DENMARK

Denmark, too, has developed the philosophy that older people should be assisted to remain active and to live self-sufficiently in their own homes or flats. As with other north European countries, Denmark has built hundreds of pensioners' flats with features to accommodate the disabled and provides carry-out meals, homemaker services, visiting nursing, and podiatry. The mental health programs are being extensively revised with emphasis on positive treatment, short hospital stay, and out-patient services.

In November of 1956 a report was published in Denmark by a commission which had been appointed by the Danish government to investigate the State Mental Health Service. The report analysed structure, functions, and problems of the existing service and made recommendations for reform. Set forth also were plans for a 20-year program incorporating many new concepts in the treatment of mental patients.

The commission strongly urged that all future plans should call for a closer association of psychiatric and general hospitals and between psychiatrists and other medical specialists. It was felt that this new joint approach would enable the mental patient to receive treatment as a total individual and at the same time reduce the stigma of mental illness.

In their 20-year plan the commission recommended the thorough modernization of 6 of the existing mental hospitals, the conversion of 1 to a nursing institution, and the building of 12 new hospitals and 7 new nursing institutions. New hospitals were not to exceed 350 beds. With the new plan it was assumed that all patients would have opportunity for treatment in the mental hospitals but the hospitals would have more flexibility in that they would be able to transfer chronic patients not responding to treatment to nursing institutions. The commission also strongly recommended the development of effective out-patient services and research activities in all hospitals.

but did not emphasize programming or make strong recommendations regarding the types of activities considered most effective. Some interest is being shown in work therapy however.

State Mental Hospital - Glostrup

State Mental Hospital - Glostrup is one of the new units built within the framework of the new 20-year plan. It complies with the criteria established by the commission in that it is built adjacent to a county general hospital (the two hospitals are connected by tunnels) and the services of the specialists from the general hospital are available to the staff. The efforts of the two hospitals are so closely coordinated that regular joint staff meetings are held with the medical staffs from both hospitals attending.

The county general hospital is a multi-storied building of conventionally modern design of glass and brick. State Mental Hospital - Glostrup, on the other hand, has little resemblance to the usual mental hospital. The buildings are small one-story, tan brick units, each surrounded by flower gardens and nicely landscaped lawns. They are set at angles to the winding street giving the impression of a small pleasant apartment development rather than a hospital.

The larger more centralized buildings house the medical and administrative offices, admission, examination, and treatment rooms, industrial and occupational therapy areas, service and maintenance units, the kitchen, and wards for patients needing close supervision and treatment. The small detached buildings house patients who require less supervision and who are able to get to treatment and therapy areas unattended.

Although the Glostrup hospital provides many of the services and types of therapy offered elsewhere, much of the treatment and operation is experimental in nature. Recreational, music, and occupational therapies are all available to the patients and special classes such as typing are used for training purposes.

A little over a year ago an industrial therapy workshop was started by the occupational therapy department. It is managed by one occupational therapist assisted by 4 or 5 nursing assistants who had showed interest in the workshop and were trained on the job. The workshop employs 80 people daily who are paid on a piece-work basis with the rate of pay varying with the complexity of the job. 20 to 30 of the workshop employees are day patients, i.e., they live out but return to the hospital each day to work. Other patients who had jobs to which they could return live in the hospital but go out daily to work. Most of the contract work done by the workshop is for one food packaging company which has furnished the necessary heavy equipment such as scales, heat sealing machines, stapling machines, bins, etc. needed to handle the jobs of packaging maraschino cherries, nuts, raisins, and powdered potatoes. The work area was spotless, and the shop had been able to comply with all the health standards required for handling food.

It was reported that the average stay of patients in the hospital was 3 months. This rapid turnover of patients reflects the attitude expressed in the commission report that persons not responding to treatment, such as the aged senile patients, should be moved to nursing institutions. It also must reflect, however, the effects of intensive treatment made possible by the high staff-patient ratio. The hospital has beds for 394 adult patients and for 36 children. The medical, nursing, and treatment staff consists of 3 medical directors, 14 doctors, 9 residents, 7 psychologists, 10 social workers, 4 matrons, 1 nursing instructor, 26 ward sisters, 120 registered nurses, 90 attendants, 30 student nurses, 9 occupational therapists (1 serving as a workshop superintendent), 7 teachers, 1 librarian, and 1 music therapist. Each patient upon admission has benefit of all of the services of a staff team representing the various types of treatment and, upon discharge, is given the support of this same group to prevent recurrence of his illness.

COMMENTS

The opportunity to visit and review in quick succession the industrial therapy programs of several countries accented the generally held belief that work is an essential element in life aside from its remunerative value. And with most European countries facing a worker shortage, the climate is most favorable to the development of sheltered employment in order that all hands may be at work. In all sheltered employment situations visited, regardless of country and regardless of the setting, there was a consensus that everyone has the need and right to work and to be a contributing member of society. Notwithstanding there is less concern about providing sheltered industrial employment for physically and mentally handicapped older persons than for younger ones.

Although there was general agreement that work improved morale, increased self-respect, and helped restore employees to maximum mental and physical status, rehabilitation when defined as the training of individuals to move from a sheltered to a competitive normal work situation, was not always considered a primary objective. Because this goal was unrealistic for many and the actual number discharged to regular employment was small, continuous sheltered employment rather than rehabilitation was often the stated purpose. Parenthetically, one may observe that whether rehabilitation is a defined goal or not, the sheltered employment situation is nevertheless serving this function.

Types of Sheltered Workshops

Probably the most prevalent type of workshop is the one which is established as an independent unit apart from hospital and industry and which is largely dependent upon contract work from industry for its work. Examples are the municipal workshops

in Amsterdam, Dordrecht, and other cities in The Netherlands and the Industrial Therapy Organisation, the Finsbury Scheme, and Remploy, Ltd. in England.

Another type of sheltered employment is the auxiliary factory employing handicapped or older workers but attached to a privately owned business or industry. Austin Motor Works in Birmingham and the Phillips Electric Company at Eindhoven, Holland are examples. More recently established are the workshops which Ruberry-Owen, an engineering firm in Darlaston, England and the Crittal Windows Company in Braintree, England, have set up for their older employees past retirement age who wish to continue working. Sweden provides government subsidy to private firms that create special departments for their employees who have become disabled. This they have labeled "semi-sheltered employment."

More recently established are the industrial workshops created within mental hospitals. Two examples are Glenside Hospital at Bristol, England, and Cheadle Royal Hospital at Cheadle, Cheshire, alike in objectives but dissimilar in some respects. Glenside operates on limited government funds, is housed in old buildings, and cares for patients largely from a low economic and educational level. Cheadle Royal is a privately endowed institution with a generous budget. Patients come from the middle and upper brackets financially and educationally. Both have well developed industrial therapy programs with paid employment geared toward rehabilitation and discharge of patients, and both have the active and enthusiastic support of their communities. These are two examples, but many other mental hospitals in The United Kingdom are now also including industrial therapy as a regular part of their treatment program. The State Mental Hospital at Glostrup, Denmark, also has been experimenting with this type of therapy for a little over a year. In general, however, sheltered employment is used in most countries with the mentally retarded and the physically handicapped. Though much more in an experimental stage with the mentally ill, results with this group have been striking. When industrial therapy has been introduced into mental hospitals,

discharge rates have risen; there has been a noticeable improvement in many chronic patients who have not responded to other types of treatment; patients have become more self-sufficient, better oriented, more goal directed; in this role as a useful citizen, the patient has placed a new value upon himself.

Frequently, the sheltered workshop and industrial therapy programs were found to be part of a larger scheme to further the employment of handicapped persons. England has a statute that requires firms with 20 or more workers to employ 3 percent disabled workers. Holland has a similar provision.

In Denmark, disabled workers are permitted to operate vending booths for the sale of hot dogs, coffee, chocolate, and newspapers. Sweden and England have been experimenting with home work projects, but it is generally agreed that the difficulties of conducting these programs outweigh the good that may be accomplished.

Financing Sheltered Workshops

Sheltered workshops in the countries visited, except for an occasional privately endowed one, operate under government subsidy. In The Netherlands, for example, the government subsidizes a large portion of the wages of workers, the local authorities usually finance building costs. In Denmark, the government covers deficits incurred in the operation of workshops employing the blind, deaf, or mentally retarded. In Sweden, the sheltered workshops are expected to compete with private industry, but when a deficit is shown the Royal Labour Board will review the operation and often grant subsidies. In England, the Ministry of Labour gives grants to local authorities for the operation of sheltered employment and to private agencies which operate approved workshops. Remploy, with its 90 factories throughout England, is entirely government financed.

Types of Jobs

The majority of work in the sheltered workshops is done for industry on a contract basis. These jobs are usually assembling parts, packaging, inspecting, dismantling, and salvaging. Some clerical work is done such as stuffing or addressing envelopes, and there are some service jobs, i.e., one industry operates a car wash. Some workshops combine manufacturing with contract jobs. St. Wulston Hospital at Malvern, England, for example, handles a number of contract jobs but also manufactures cement products and metal coat hangers. There are a number of arguments for and against both types of work. Opinions expressed regarding contract work were as follows: (1) contract work requires no outlay of money for materials and equipment since both are furnished by the company; (2) working for industry gives employees a sense of being a contributing part of the community, for work in other units of the company is contingent upon their production; on the other hand (3) the volume of contract work usually changes with the season or with the rise and fall of the economic situation of the area; (4) most jobs have the pressure of deadlines; (5) the smaller workshop often contracts with only one company and is subject to the whims of that company.

Those who have had experience had these comments to make on manufacturing: (1) it permits more flexibility in production and selection of work to fit the employees' abilities; (2) work can be more varied and less repetitious; (3) manufacturing permits some creativity among the workers and gives them the opportunity to see the finished product; (4) usually there are no deadlines to meet, but on the negative side, (5) a larger reserve of money is needed to purchase supplies and equipment and to cover the pay periods between production and income from sales; (6) a sales force is needed to find a market for the finished product; (7) trucking costs must be considered, while in contract work, the hauling of materials is usually

handled or paid for by the company; (3) products selected for production must compete in quality and price with similar items on the open market.

Some managers felt that a combination of the two -- contracts plus manufacturing -- reduced the negative aspects of both. This arrangement provides a financial cushion from contract jobs to cover the delay in sales income and at the same time provides employment during slack periods with industry.

Training

Very little formalized training is available in the countries visited for the staff managing industrial therapy programs. Most directors describe the ideal manager as one who has had experience in industry and who has an understanding of disabled or mentally ill or retarded patients. Many remarked that they had neither time nor money to set up training classes. In mental hospitals the workshop staff is augmented with interested nursing aides trained on the job. One mental hospital has an arrangement with industry in which regular employees of the company work as inspectors side by side with mental patients within the hospital setting. This arrangement gives patients additional contacts with people from the community and also relieves the hospital staff of some of the responsibility of maintaining production standards. Cheadle Royal Hospital in England offers on-the-job training with special instruction in workshop management. The courses cover the preparation of people to work with mental patients plus such topics as job layout, calculating production costs, and methods for increasing production. Sweden for a number of years has had a training course for matrons of old age homes. The curriculum is designed to prepare the enrollee to operate a home, and though she receives some craft training, there is no reference to industrial therapy as a possible part of the programming.

The total absence of formal training programs for industrial therapists was disappointing. Nevertheless, there was recognition of the need for training and most

of the agencies either recruit experienced people or incorporate on-the-job training into their programs.

The opportunity to learn about these personnel practices, the discussions of philosophies and objectives with program directors, and the observations of industrial and occupational therapists performing their jobs were all instructive. Much was learned which lends itself to incorporation into the curriculum materials and training plans for industrial therapists and for others engaged in milieu therapy which are being developed at The University of Michigan.

ROSTER

England

Dr. Charles Blyth-Brooke
Metropolitan Borough of Finsbury
Finsbury Health Center
22 Pine Street
London E.C.1
Phone: Terminus 0031

Mr. A. J. Duffy
Remploy, Ltd.
415 Edgeward
London N.W. 2
Phone: Glaston 8020

Dr. Donal F. Early
Glenside Hospital
Bristol
Phone: BR 653285

Mrs. Kathleen Ferguson
Finsbury Health Scheme
39 Gloucester Way
London

Dr. Roger Morgan
St. Wulston Hospital
Malvern
Phone: Malvern 1874

Dr. W. V. Wadsworth
Medical Superintendent
Cheadle Royal Hospital
Cheadle, Cheshire
Phone: Gatley 2231

Mr. L. C. Walker
Industrial Therapy Organization
Bristol

Sweden

Mr. Stig Åhs^o
Folksam
Fack
Stockholm 20

Rektor Hamrin
Svenska^o
Socialvårdsförbundets
Utbildningsinstitut
Sveavägen 43
Stockholm
Phone: 113919

Dr. Lundgren
Statens Arbetsklinik
Karolinska Vägen
Stockholm
Phone: 349130

Mrs. Kate Wennerlund
Social Nämnderna
Vasagatan 23-25
Stockholm
Phone: 225500/103

Denmark

Office of Dr. Donald Buckle
World Health Organization
Scherfiger 8
Copenhagen
Phone: 290111

Miss Anne-Lise Madsen
Statshospitalet
Glostrup

The Netherlands

Dr. R.A.M. Bergman
Tropenmuseum
Linnaeresstraat 2
Amsterdam
Phone: 721725

Dr. G. H. Gravestein
Gemeentelyke Geneeskundige en
Gesondheidsdienst
Hoofdkant Nieuwe Achtergracht 100
Amsterdam

Dr. Noordsy
Provinciaal Ziekhuis
Santpoort

Dr. Van der Meulen
Provinciaal Ziekhuis
Santpoort

I am indebted, also to the following people who gave generously of their time and knowledge to make my visit profitable: Miss Marjorie Bucke, National Old People's Welfare Council, London; Miss Geraldine M. Aves, Ministry of Health, London; Miss Hopmeyer, Ministry of Health, London; Commander E. N. Henderson, British Council for Rehabilitation, London; Mrs. E. Malmros, Swedish Committee on International Health Relations, Stockholm; Mr. Lennart Ljungberg, Medicinalstyrelsen, Stockholm; Mrs. Egonia Engberg, Ministry of Social Affairs, Copenhagen; Mrs. Eliseen, DeGaulles By, Copenhagen; Mrs. Lowenbach, Central Institute, Copenhagen; Mile Boumé, L'Eclat, Paris; and Dr. G. Dédieu-Anglade, Clinique Neuro-psychiatrique Paris.

I am especially grateful to Mrs. Kate Wennerlund of Stockholm, Dr. E.A.M. Ber of Amsterdam, and Dr. A. J. West of Paris for their professional guidance and gracious hospitality.